



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

NOTICE OF DISMISSAL – WITHDRAWAL

Notice Date: September 24, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000811

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

You applied for health insurance through the Marketplace on August 8, 2014. On August 9, 2014, the Marketplace issued an eligibility determination stating that you were eligible to receive up to \$0 in advance premium tax credits (APTC) and were eligible for cost-sharing reductions (CSR).

On August 8, 2014, you requested a telephone hearing to review your eligibility determination.

On August 19, 2014, the Marketplace mailed you a notice of hearing informing you that the telephone hearing for an appeal from the eligibility determination was scheduled for September 10, 2014 at 2:30 p.m.

On September 10, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. You gave sworn testimony that you had not received any notice of the hearing but were willing to waive formal notice since you wanted to withdraw your appeal. You confirmed that you were satisfied with the August 9, 2014 eligibility determination and withdrew your appeal on the record through sworn testimony. Accordingly, we are dismissing your appeal.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

How does this Dismissal Affect Your Eligibility?

The Marketplace's August 9, 2014 eligibility determination continues in effect. You remain eligible to enroll in a qualified health plan (QHP) and are currently enrolled in a health plan (Essential Care Silver Plan – a CO-OP Option) beginning on September 1, 2014, with your monthly premium responsibility of \$275.35.

If You Think Your Appeal Should Not Be Dismissed

You can ask us to vacate (cancel) this dismissal if you think your appeal should not be dismissed. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, the Marketplace will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

How to Contact the Marketplace

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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